



PATIENT

Peanut Brotzman

PRESENTING CLINICAL SIGNS

Asthma, coughing, 2/6 murmur, increased lung sounds, concern for mediastinal mass Albuterol, Teraline?, Methimazole

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

DSH

SEX

FS

AGE

2009

WEIGHT

18.6

| FELINE CARDIAC PARAMETERS | BODY WEIGHT (kg) | HR (BPM) | IVSd (cm) | LVIDd (cm) | LVWd (cm) | FS (%) | EF (%) |
|--|------------------|---------------------------|--|-----------------|-----------------|-----------|--------|
| NORMAL PARAMETER | ----- | 150-240 | 0.3-0.6 | 1.0-2.1 | 0.25-0.6 | 35-67 | 80-100 |
| PATIENT | | 185 | 0.49 | 1.48 | 0.52 | 60 | 91 |
| FELINE CARDIAC PARAMETERS | LA/AO (Boon) | LA/AO HEART BASE (Sisson) | LA 2D 4-chamber long axis AS to FW (Sisson) (cm) | LVOT VEL. (m/s) | RVOT VEL. (m/s) | IVRT (m/) | |
| NORMAL PARAMETER | <1.5 | 0.88-1.79 | 0.7-1.7 | <1.6 | <1.3 | 40-60 | |
| PATIENT | 1.4 | 1.3 | 1.1 | 1.1 | 1.3 | NM | |
| Adapted from June Boon, Veterinary Echocardiography, 1998 Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705 | | | | | | | |

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. The **left ventricle** presented normal thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions and angles of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinetics. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No visible pericardial free fluid was noted. Focal subjective consolidated homogeneous lung was present adjacent to the heart measuring approximately 1.6 cm in diameter with suspected surrounding aerated lung. Sonographic assessment of the area of the cranial mediastinum revealed no overt evidence of masses in the visible window with suspected cranial mediastinal fat.

IMAGING PERFORMED BY
Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Easton AH

REFERRING VET

Dr. Yaswinski

INVOICE

14401

DATE

8/7/22



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ULTRASONOGRAPHIC FINDINGS

- Overtly normal cardiac structure and function, normal left atrium
- Focal consolidated pericardial lung
- Suspect cranial mediastinal fat

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural or functional cardiomyopathy including no evidence of left or right heart chamber enlargement, LV systolic dysfunction, or evidence of clinical pulmonary hypertension as a cardiogenic cause of the patient's respiratory signs. Consideration for primary likely chronic low-airway disease is most likely indicated.

The focal consolidated pericardial lung was nonspecific yet may be secondary to inflammation or underlying primary pulmonary disease. No overt evidence of thoracopulmonary or cranial mediastinal masses or overt neoplastic criteria, which is thought less likely. No indication for cardiac medications was evident. Lower airway sampling is likely required for further assessment. As-needed respiratory support with radiographic and/or sonographic monitoring of the thorax, If evidence of progressive pulmonary abnormalities on radiographs or increased cranial mediastinal opacity.

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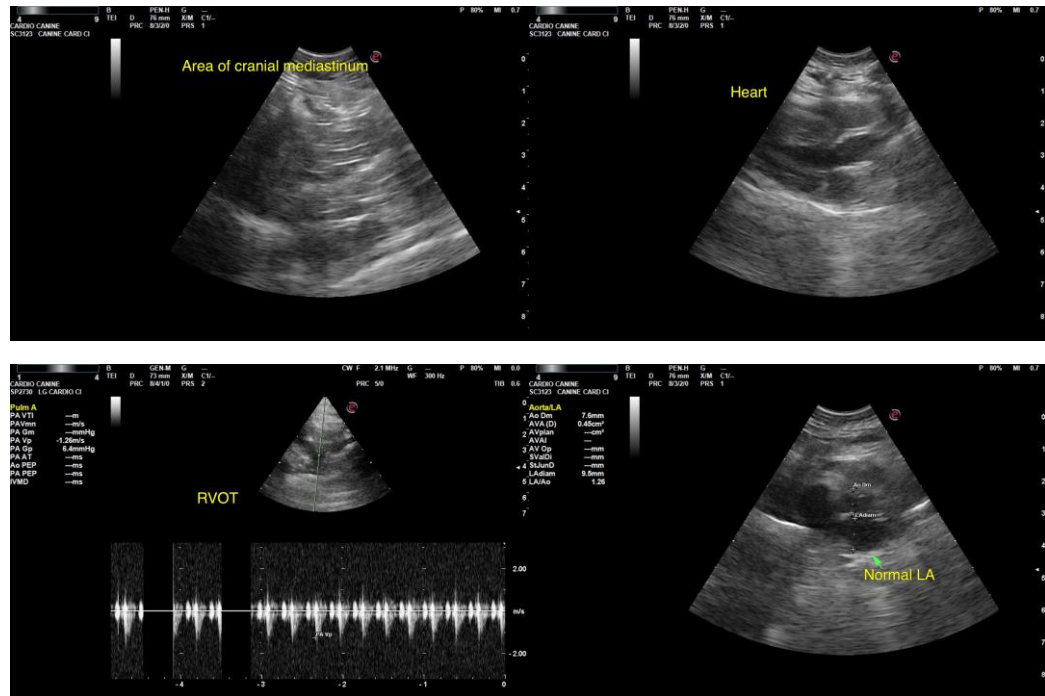
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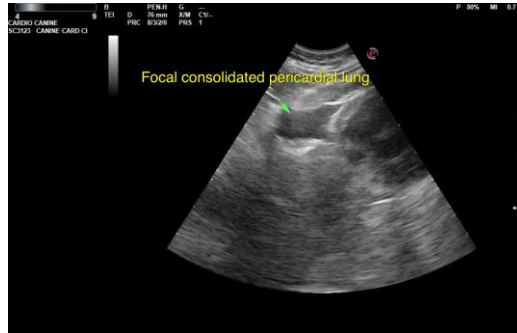
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com